

**CRITERIA FOR PRIOR AUTHORIZATION**

Darzalex® (daratumumab)

**PROVIDER GROUP** Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Daratumumab (Darzalex)

**CRITERIA FOR PRIOR AUTHORIZATION FOR DARATUMUMAB:** (must meet all of the following)

- Patient must have a diagnosis of multiple myeloma (MM)
- Patient must have received at least 3 prior lines of therapy, including a proteasome inhibitor (PI) and an immunomodulatory agent, OR is double-refractory to a PI and an immunomodulatory agent
- Must be used in combination with a corticosteroid, antipyretic, and antihistamine
- Patient must be 18 years of age or older
- Must be prescribed by, or in consultation with, an oncologist or hematologist
- Must be administered by a healthcare professional

**LENGTH OF APPROVAL:** 12 months